

VENDOR NAME: _____

In addition to providing the above contact information, please answer the following questions regarding your qualifications and experience:

List all degrees and specialized education you have received that are applicable to performing the services required in this RFQ. Please provide the name of the school as well as the date of graduation.

List all licenses, permits and/or certifications you possess that are applicable to performing the services required in this RFQ.

How many years have you been performing the services called for in this RFQ?

Do you have any prior experience evaluating Social Security disability eligibility claims? If yes, list your previous employers and state how many years you provided these services.

Services are typically provided at the MDRS facility located in Madison, Mississippi. What is your availability to travel to this facility on a regular basis? If this is not a viable option, please detail your availability and the distance that you are willing to travel in order to provide these services.
